MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53SM	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILI1	1001 HOSPITAL ROAD STARKVILLE, MS 39759

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M 000	Initial Comments On 03/12/23 through 03/14/23 the State Agency (SA) conducted three (3) onsite complaint investigations (CI), MS #20558 for alleged environmental disrepairs, disrepair of the facility van lift, unavailable necessary patient equipment, and shortages of nursing staff on second and third shifts; CI MS# 20689 was a facility self-reported incident for an alleged resident fall from a wheelchair on the facility van; and CI MS# 20909 for alleged shortages of nursing staff on second and third shifts most weekends. The SA did confirm that the facility had been short of nursing staff for most weekends on the second and third shifts. The SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements at M for CI MS #20558 and CI MS #20909 related to staffing requirements. Deficiencies were cited for Nursing Facility at M 225 for insufficient nursing staff and for not maintaining 2.8 staffing ratios; and Administration at M 0030 for not utilizing its staffing resources effectively and efficiently. The SA determined the facility was in compliance with CI MS #20689. On 03/12/23 the resident census was 104 and the facility was licensed for 119 beds.	M 000		
M 030	45.2.1 Administrator Administrator. The term "administrator" shall mean a person who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and are delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the	M 030		4/20/23

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M 030	Continued From page 1 services provided. The administrator may be titled manager, superintendent, director, or otherwise. The administrator shall be duly licensed by the Mississippi State Board of Nursing Home Administrators. This Statute is not met as evidenced by: Level II CROSS REFERENCED TO F725 Based on observations, record reveiws, policy reviews, resident interviews, and staff interviews, the facility Administrator failed to ensure that the facility was adequately staffed for all three (3) shifts on weekends and after hours for six (6) of six (6) days reviewed for staffing concerns. Findings include: Record review of a statement on facility letterhed provided by the facility Administrator (ADM), undated and unsigned that read: "We do not have a written policy or procedure on the items listed below. We conduct in-services on the appropriate policy and procedure for the following: Staffing; Posting; Call-in; Scheduling." Record review of the facility policy titled "Policies and Procedures" subject "Abuse, Neglect, Exploitation & Misappropriation" Effective Date: 11/30/2014 Revision Date: 11/16/2022 read: "Prevention" The center is committed to the prevention of abuse, neglect, misappropriation of resident property, and exploitation. The following systems have been implemented: Resident Council; Grievance/Concern program; Sufficient numbers of staff to meet the needs of the	M 030	1. On 3/12/2023, staffing requirements were reviewed by Director of Clinical Services and Executive Director to ensure requirements were met. In addition, department heads were called in to meet staffing needs. 2. All residents have the potential to be affected. 3. Director of Clinical Services in-serviced all clinical staff on 3/9/2023 on components to ensure staffing compliance is met, all call ins are to be called in to Executive Director and Director of Clinical Services, if an employee signs up to work an extra shift, they are required to work that shift. 4. Beginning 3/12/2023, staffing will be monitored daily for compliance by Director of Clinical Services and Executive Director. In the event of staffing shortage, agency will be notified, department heads, to come in or stay over to ensure staffing needs are met. Monitoring staffing will be ongoing and repots to Quality Assurance Performance Improvement Committee beginning on 3/15/2023. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly X 3 months beginning on 3/15/2023.	

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M 030	Continued From page 2 residents. Department Heads and supervisors that monitor staff to identify inappropriate behavior. Monitoring of residents who may be at risk is the responsibility of all facility staff. Interview on 03/12/23 at 4:30 PM, with the Registered Nurse (RN#1) revealed that she and one other Licensed Practical Nurse (LPN) and (3) Certified Nursing Assistant (CNA's) for a total of five (5) nursing staff that were assigned to work the evening (2nd) shift on 03/12/23 for the "B" unit. RN#1 stated that she had no idea what the census for "B" Unit was for 03/12/23. RN#1 stated that she had only worked at the facility twice before 03/12/23 and that her hours were 7:00 AM-11:00 PM. She stated that she worked a sixteen hour shift on the weekends only. RN#1 stated that she did not know how many beds the nursing home was licensed to occupy. RN#1 stated that she did not know how many nursing staff were working the "A" Unit and did not know how many residents were occupying each of the two Units (Unit A and Unit B). RN#1 stated that the census and the numbers of staff was not discussed in the nursing shift reports. RN#1 stated that she would make a guess that the facility currently had a census of 110 residents. RN#1 stated that she had no knowledge of where the facility posted the resident census. RN#1 had no idea where the survey results were posted in the facility and stated that the facility had never had enough nursing staff working in the building and that the facility had begun hiring contract/agency CNA's approximately one-two weeks prior to 03/12/23. RN#1 stated that the facility was working to bring the staffing numbers up by hiring contract/agency staff and that the Administrator (ADM) made out the nursing schedules and the ADM took all the call ins and that the nursing staff did not call in to the units if	M 030	Next Quality Assurance Performance Improvement Committee will be on 4/14/2023 to discuss findings.	

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not showing up for work, they called in to the ADM. RN#1 stated that if there was an emergency in the building and they had to evacuate she would use the Medication Administration Record (MAR) to identify residents, but she confirmed that she does not know the resident census for the building and does not know where the resident census is documented.

Interview on 03/12/23 at 4:40 PM, with Certified Nursing Assistant (CNA#1) revealed that he was a travel contract CNA and was working as needed (PRN) at the facility and confirmed that he had previously worked as a full time CNA at the facility prior to becoming a travel contract CNA. CNA#1 confirmed that the facility had not had enough nursing staff on the weekends for the 2nd and 3rd shifts for a long period of time, dating back over a year ago. CNA #1 stated that on 03/12/23 for the 2nd shift the facility had three (3) CNA's working "B" Unit and two (2) nurses working the two (2) med carts. CNA #1 stated that he was guessing that "B" unit had a total resident census of approximately 50 residents but it could be more and it may be less. CNA #1 stated that there were two (2) hallways that made up "B" unit and two hallways for "A" unit. CNA#1 stated that today 03/12/23 he had 12 residents assigned to him. He stated that prior to the hiring of contract staff, when he worked here full time, he may have had, at times, 30 residents assigned to one CNA. CNA #1 did not know what the facility census was for 03/12/23. CNA#1 stated that the facility did not have enough nursing staff, but they had a new ADM and she was working hard to get more nursing staff in the building for all shifts and confirmed that the contract/agency staff were begun approximately one week prior to 03/12/23.

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M 030	Continued From page 4 Interview on 03/12/23 at 5:10 PM, with Certified Nursing Assistant (CNA#2) revealed that she had worked full time at the facility for the past nine (9) months and confirmed that she does not know how many residents are on "B" unit and does not know the facility resident census. CNA#2 confirmed that there had not been enough nursing staff working the second and third shifts on the weekends for the entire time that she had been employed, but recently contract/agency staff have been hired to assist. CNA #2 does not know where the census is posted and verified that tonight she has 12 residents assigned to her care. Interview on 03/12/23 at 5:15 PM, with the "A" unit Licensed Practical Nurse (LPN#1) revealed that she had only worked two (2) weekends for the "A" Unit. She confirmed that now she only worked every Sunday and Monday on second and third shifts (3:00 P.M. -7:00 A.M.). She stated that the schedules and assignments are made by the facility Administrator (ADM) and the staff must call in to the ADM if they are not going to be at work. LPN#1 did not know the facility census and had no idea where the census and the staffing were posted and stated that when she gets to work she makes a list of the names of residents that are assigned to her medication cart and tonight she had 29 resident names on her list from the medication cart that are assigned to her. She stated that they do not discuss the census during shift reports. Interview on 03/12/23 at 5:30 PM, "A" unit Licensed Practical Nurse (LPN#2) revealed that she had worked at the facility for over a year on the second and third shifts and there were many weekends that no CNAs would show to work the "A" unit, and there were many times that I was the	M 030		

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only employee on the "A" unit for second shift." LPN#2 confirmed that there was not enough staff on the weekends and only recently had there been any contract/agency staff hired to assist with the low numbers of staff. LPN#2 confirmed that on 03/12/23 there were two (2) LPN's and three (3) CNA's assigned to "A" unit. LPN #2 did not know what the facility census was on 03/12/23 and did not know how many beds the facility was licensed to occupy and confirmed that she did not know where the staffing and census was posted for the facility. LPN#2 stated that most of the weekends for the past year she has worked alone on the second shift with no other staff and most of the third shifts there was only herself and one other CNA working the "A" unit.

Interview on 03/12/23 at 5:40 PM with Registered Nurse (RN#2) stated that the facility had been staffing the second and third shifts and weekends with over time due to low staffing numbers. RN#2 confirmed that the facility did not have enough nursing staff for after hours and weekends. RN#2 stated that the new ADM had hired agency/contract workers to provide the needed coverage of staff.

Interview on Sunday 03/12/23 at 5:45 PM, with the facility Administrator (ADM) revealed that the facility was working hard on increasing their numbers of staff working for all three (3) shifts. The ADM stated that she had been hiring contract nursing staff to assist with the lack of staff on evening and night shifts.

Interview on 03/13/23 at 10:45 AM, with the Director of Nursing (DON) revealed that she had been working many 16 hour shifts for the past year due to low staffing numbers and she would cover the unit and work a medication cart. The

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DON stated that there were 4 med carts and those 4 med carts had to be covered first in order to get the medication to the residents. She confirmed that on 02/15/23 the first hired contract/agency staff had worked in the facility and stated that the former ADM had been terminated on 02/14/23 due to the low staffing numbers and the high amounts of over time to cover the care of the residents after hours and on weekends. The DON stated that the new ADM had began working there on 02/15/23.

Interview on 03/13/23 at 11:00 AM, with the corporate Nurse Consultant (NC) revealed that the staffing grid was taking a long time to produce for the weekends of January 2023 and February 2023 due to the cumbersome timecard process months because the former Administrator (ADM) had not maintained the working schedules.

Interview on 03/13/23 at 12:55 PM, with the Activities Director (AD) who is Certified Nursing Assistant revealed that she had worked at the facility for 24 years and had been the AD since 2003. The AD stated that the facility does not have enough staff to cover the after hour shifts and the weekends and that she had worked many weekends and after hours as a CNA due to low staffing.

Interview and observation on 03/14/23 at 1:15 PM, with Resident (Res) #3 revealed that the facility had been short of staffing numbers for at least a year and that recently the staffing numbers had improved since the new ADM had arrived. Res #3 stated that he had no quality of care concerns and none reported to him. Res #3 stated that he had been living in the facility for 15 years. Res #3 was dishelved in his appearance and was wearing a dirty red t-shirt with numerous

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spills and covered in a white flaky substance that appeared to be dandruff and did confirm that on weekends and after hours there was not enough nursing staff to meet the needs of the residents but that had gotten better in the past couple of weeks.

Record Review revealed that Res #3 had a Minimum Data Set (MDS) dated 1/16/23 with a Brief Interview for Mental Status (BIMS) score of 11 which confirmed some mild cognitive impairment and his date of admission was 08/28/2007.

Interview and observation on 03/14/23 at 1:30 PM, with Res #4 she stated that she had never experienced any disrespect or neglect but that there was not enough staff working at the facility and they were doing the best they could with few nursing staff they had.

Record review of the MDS dated 2/14/23 revealed a BIMS score of 9 which indicated Res #4 had moderate cognitive impairment.

Observation and interview on 03/14/23 at 1:45 PM, with Res #6 stated that the facility did not seem to have enough staff. She stated that she had not experienced disrespect from staff and had no issues with poor quality of care but confirmed that they have not had enough staff to meet their needs.

Record review of Res #6 revealed a MDS dated 03/06/2023 with a BIMS score of 8 which indicated moderate cognitive impairment.

Interview and record review of the facility "Staffing Grid" on 03/14/23 at 3:30 PM, with the DON, ADM, and NC they all confirmed that the facility

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M 030	Continued From page 8 had not maintain sufficent staffing for the weekend of January 20, 2023-January 22, 2023, and February 3, 2023-February 5, 2023 for six (6) of six (6) days in January 2023 and February 2023 and failed to maintain posted staffing was correctly documented to reflect the actual number of staff that were on the shift and available to work the three (3) facility shifts for the resident census that the facility had.	M 030		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing	M 225		4/20/23

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M 225	Continued From page 9 services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on record reviews, staff interviews, resident interviews, policy reviews, and observations, the facility failed to provide sufficient qualified nursing staff for the resident census of 103-108, for six (6) of six (6) days reviewed.	M 225	1. On 3/12/2023, staffing requirements were reviewed by Director of Clinical Services and Executive Director to ensure requirements were met. In addition, department heads were called in to meet staffing needs. 2. All residents have the potential to be affected.	

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M 225	Continued From page 10 Findings include: The facility Administrator (ADM) provided a statement on facility letterhead, undated and unsigned that read: "We do not have a written policy or procedure on the items listed below. We conduct in-services on the appropriate policy and procedure for the following: Staffing; Posting; Call-in; Scheduling. Review of the facility policy titled "Policies and Procedures" subject "Abuse, Neglect, Exploitation & Misappropriation" Revision Date: 11/16/2022 revealed, "Prevention... The following systems have been implemented:...Sufficient numbers of staff to meet the needs of the residents..." Interview on 03/12/23 at 4:30 P.M. with the Registered Nurse (RN#1) revealed that she and one other Licensed Practical Nurse (LPN) and three (3) Certified Nursing Assistants (CNA's) for a total of five (5) nursing staff that were assigned to work the evening (2nd) shift on 03/12/23 for the "B" unit. RN#1 stated that she had no idea what the census for "B" Unit was for 03/12/23. RN#1 stated that she had only worked at the facility twice before 03/12/23 and that her hours were 7:00 AM-11:00 PM. She stated that she worked a sixteen hour shift on the weekends only. RN#1 stated that she did not know how many beds the nursing home was licensed to occupy. RN#1 stated that she did not know how many nursing staff were working the "A" Unit and did not know how many residents were occupying each of the two Units (Unit A and Unit B). The RN#1 stated that the census and the numbers of staff was not discussed in the nursing shift reports. RN#1 stated that she would make a guess that the facility currently had a census of 110 residents. RN#1 stated that she had no knowledge of where	M 225	3. Director of Clinical Services in-serviced all clinical staff on 3/9/2023 on components to ensure staffing compliance is met, all call ins are to be called in to Executive Director and Director of Clinical Services, if an employee signs up to work an extra shift, they are required to work that shift. 4. Beginning 3/12/2023, staffing will be monitored daily for compliance by Director of Clinical Services and Executive Director. In the event of staffing shortage, agency will be notified, department heads, to come in or stay over to ensure staffing needs are met. Monitoring staffing will be ongoing and reports to Quality Assurance Performance Improvement Committee beginning on 3/15/2023. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly X 3 months beginning on 3/15/2023. Next Quality Assurance Performance Improvement Committee will be on 4/14/2023 to discuss findings.	

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the facility posted the resident census. RN#1 had no idea where the survey results were posted in the facility and stated that the facility had never had enough nursing staff working in the building and that the facility had begun hiring contract/agency CNA's approximately one-two weeks prior to 03/12/23. RN#1 stated that the facility was working to bring the staffing numbers up by hiring contract/agency staff and that the Administrator (ADM) made out the nursing schedules and the ADM took all the call ins and that the nursing staff did not call in to the units if not showing up for work, they called in to the ADM. RN#1 stated that if there was an emergency in the building and they had to evacuate she would use the Medication Administration Record (MAR) to identify residents, but she confirmed that she does not know the resident census for the building and does not know where the resident census is documented.

Interview on 03/12/23 at 4:40 P.M. with Certified Nursing Assistant (CNA#1) revealed that he was a travel contract CNA and was working as needed (PRN) at the facility and confirmed that he had previously worked as a full time CNA at the facility prior to becoming a travel contract CNA. CNA#1 confirmed that the facility had not had enough nursing staff on the weekends for the 2nd and 3rd shifts for a long period of time, dating back over a year ago. CNA #1 stated that on 03/12/23 for the 2nd shift the facility had three (3) CNA's working "B" Unit and two (2) nurses working the two (2) med carts. CNA #1 stated that he was guessing that "B" unit had a total resident census of approximately 50 residents but it could be more and it may be less. CNA #1 stated that there were two (2) hallways that made up "B" unit and two hallways for "A" unit. CNA#1 stated that

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILI1	1001 HOSPITAL ROAD STARKVILLE, MS 39759

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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today 03/12/23 he had 12 residents assigned to him. He stated that prior to the hiring of contract staff, when he worked here full time, he may have had, at times, 30 residents assigned to one CNA. CNA #1 did not know what the facility census was for 03/12/23. CNA#1 stated that the facility did not have enough nursing staff, but they had a new ADM and she was working hard to get more nursing staff in the building for all shifts and confirmed that the contract/agency staff were begun approximately one week prior to 03/12/23.

Interview on 03/12/23 at 5:10 P.M. with Certified Nursing Assistant (CNA#2) revealed that she had worked full time at the facility for the past nine (9) months and confirmed that she does not know how many residents are on "B" unit and does not know the facility resident census. CNA#2 confirmed that there had not been enough nursing staff working the second and third shifts on the weekends for the entire time that she had been employed, but recently contract/agency staff have been hired to assist. CNA #2 does not know where the census is posted and verified that tonight she has 12 residents assigned to her care.

Interview on 03/12/23 at 5:15 PM, with the "A" unit Licensed Practical Nurse (LPN#1) revealed that she had only worked two (2) weekends for the "A" Unit. She confirmed that now she only worked every Sunday and Monday on second and third shifts (3:00 P.M. -7:00 A.M.). She stated that the schedules and assignments are made by the facility Administrator (ADM) and the staff must call in to the ADM if they are not going to be at work. LPN#1 did not know the facility census and had no idea where the census and the staffing were posted and stated that when she gets to work she makes a list of the names of

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residents that are assigned to her medication cart and tonight she had 29 resident names on her list from the medication cart that are assigned to her. She stated that they do not discuss the census during shift reports.

Interview on 03/12/23 at 5:30 PM, "A" unit LPN#2 revealed that she had worked at the facility for over a year on the second and third shifts and there were many weekends that no CNAs would show to work the "A" unit, and there were many times that I was the only employee on the "A" unit for second shift." LPN#2 confirmed that there was not enough staff on the weekends and only recently had there been any contract/agency staff hired to assist with the low numbers of staff. LPN#2 confirmed that on 03/12/23 there were two (2) LPN's and three (3) CNA's assigned to "A" unit. LPN #2 did not know what the facility census was on 03/12/23 and did not know how many beds the facility was licensed to occupy and confirmed that she did not know where the staffing and census was posted for the facility. LPN#2 stated that most of the weekends for the past year she has worked alone on the second shift with no other staff and most of the third shifts there was only herself and one other CNA working the "A" unit.

Interview on 03/12/23 at 5:40 PM, with Registered Nurse (RN#2) stated that the facility had been staffing the second and third shifts and weekends with over time due to low staffing numbers. RN#2 confirmed that the facility did not have enough nursing staff for after hours and weekends. RN#2 stated that the new ADM had hired agency/contract workers to provide the needed coverage of staff.

Interview on Sunday 03/12/23 at 5:45 P.M. with

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M 225	Continued From page 14 the facility Administrator (ADM) revealed that the facility was working hard on increasing their numbers of staff working for all three (3) shifts. The ADM stated that she had been hiring contract nursing staff to assist with the lack of staff on evening and night shifts. Interview on 03/13/23 at 10:45 AM, with the Director of Nursing (DON) revealed that she had been working many 16 hour shifts for the past year due to low staffing numbers and she would cover the unit and work a medication cart. DON stated that there were 4 med carts and those 4 med carts had to be covered first in order to get the medication to the residents. She confirmed that on 02/15/23 the first hired contract/agency staff had worked in the facility and stated that the former ADM had been terminated on 02/14/23 due to the low staffing numbers and the high amounts of over time to cover the care of the residents after hours and on weekends. The DON stated that the new ADM had began working there on 02/15/23. Interview on 03/13/23 at 11:00 AM, with the corporate Nurse Consultant (NC) revealed that the staffing grid was taking a long time to produce for the weekends of January 2023 and February 2023 due to the cumbersome timecard process months because the former Administrator (ADM) had not maintained the working schedules. Interview on 03/13/23 at 12:55 PM, with the Activities Director (AD), who is a CNA, revealed that she had worked at the facility for 24 years and had been the AD since 2003. The AD stated that the facility does not have enough staff to cover the after hour shifts and the weekends and that she had worked many weekends and after hours as a CNA due to low staffing.	M 225		

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M 225	Continued From page 15 Interview and observation on 03/14/23 at 1:15 PM, with Resident (Res) #3 revealed that the facility had been short of staffing numbers for at least a year and that recently the staffing numbers had improved since the new ADM had arrived. Res #3 stated that he had no quality of care concerns and none reported to him. Res #3 stated that he had been living in the facility for 15 years. Res #3 was disheveled in his appearance and was wearing a dirty red t-shirt with numerous spills and covered in a white flaky substance that appeared to be dandruff and did confirm that on weekends and after hours there was not enough nursing staff to meet the needs of the residents but that had gotten better in the past couple of weeks. Record Review revealed that Res #3 had a Minimum Data Set (MDS) dated 1/16/23 with a Brief Interview for Mental Status (BIMS) score of 11 which confirmed some mild cognitive impairment and his date of admission was 08/28/2007. Interview and observation on 03/14/23 at 1:30 PM, with Res #4 stated that she had never experienced any disrespect or neglect but that there was not enough staff working at the facility and they were doing the best they could with few nursing staff they had. Record review of the MDS dated 02/14/23 for Res #4 revealed a BIMS score of 9 which indicated moderate cognitive impairment. Observation and interview on 03/14/23 at 1:45 PM, with Res #6 revealed she was talkative and stated that the facility did not seem to have enough staff. She stated that she had not	M 225		

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M 225	Continued From page 16 experienced disrespect from staff and had no issues with poor quality of care but confirmed that they have not had enough staff to meet their needs. Record review of Res #6 revealed a MDS dated 03/06/2023 with a BIMS score of 8 which indicated moderate cognitive impairment. Interview and record review of the facility "staffing grid" on 03/14/23 at 3:30 PM, with the DON, ADM, and NC they all confirmed that the facility had not maintained sufficient staffing (2.8 ratio) for the weekends of January 20, 2023-January 22, 2023, and February 3, 2023-February 5, 2023 for six (6) of six (6) days in January 2023 and February 2023 and failed to maintain posted staffing was correctly documented to reflect the actual number of staff that were on the shift and available to work the three (3) facility shifts for the resident census that the facility had.	M 225		